

Name in Full

Certificate of Death

Mary Bowman

+

Died at *Ephigley Mill Garrett*

MARYLAND

Date 1902 July 30 Age 44

Male ☒ Female ☐
 White ☒ Colored ☐
 Married ☒ Single ☐
 Widowed ☐ Widower ☐
 Native of _____ Occupation Farmer

Number of children living 1

Husband of Joseph Bowman

Wife _____

Father's Name _____ Mother's Name _____

Maiden Name _____

Cause of Death { Primary Paralysis ble. Immediate " "

How long sick _____

Accident, Suicide, Homicide _____

Reported by R A Hammons

Address accident road

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Irvin Collins

Town

County

Garrett

Died at

MARYLAND

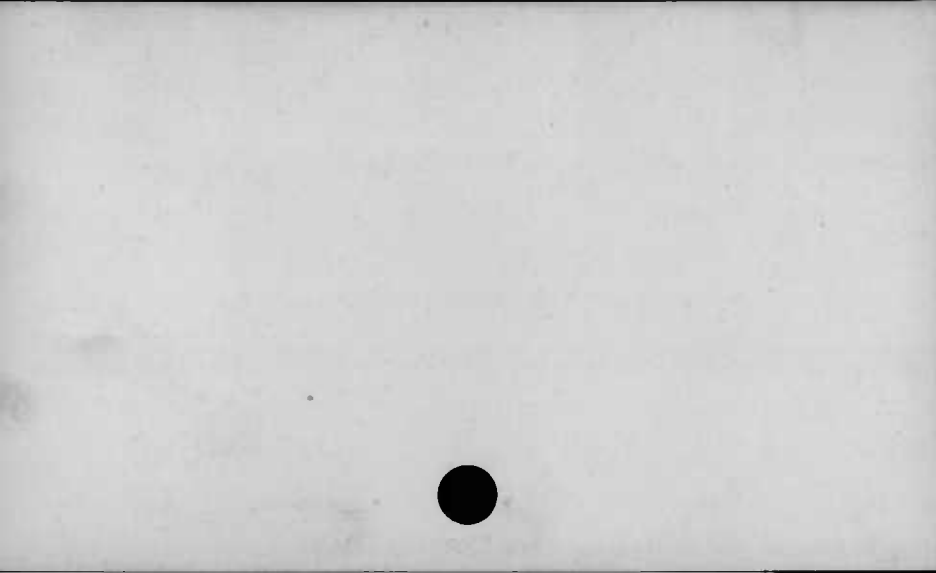
Date	1902	Month	7	Day	9	Y.	M.	D.	Age	1-10-7	Native of	Ind	Occupation	
Male		White		Colored		Single		Widow		Widower		Divorced		Number of children living

Husband
of
WifeFather's
Name Calvin CollinsMother's
Name Phoebe SavageCause of
Primary Inflammation of tonsilsHow long sick
5 daysDeath
Immediate~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by A. A. Mason M.D.

Address Friendsville Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Marshal Crowe

Town

County

Died at Friegs Lick No 9 Garrett

MARYLAND

Date 1902 July 12 Age 8 9 20 Sex Male White Married Widower Divorced Schooling

Husband of

Wife

Father's Name Floyd Crowe 118 Mother's Maiden Name Margaret Sue Kugie

Cause of Death { Primary Gangrenous Appendicitis How long sick 5 days
Immediate Suppurative Peritonitis Accident, Suicide, Homicide

Reported by Dr. Alan S. Murray M.D.

Address Friegs Lick No 9 Garrett

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Catholic Cemetery

Some Forty years and

Name in Full

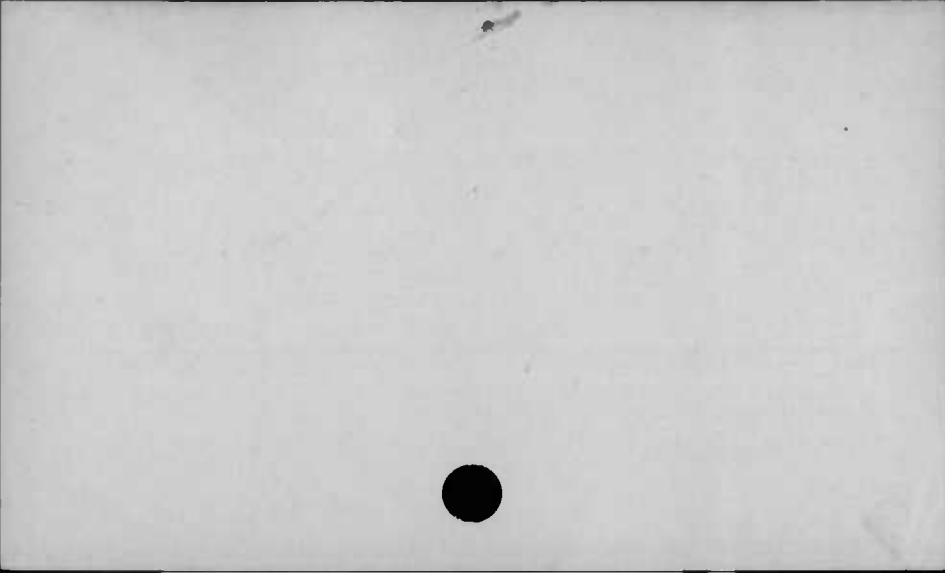
Certificate of Death

Daniel C. Cushing ^X
 Town _____ County _____
 Died at _____ MARYLAND
 Date 19 *02* *July* *29* Month Day Y. M. D. Age *54*
 Male ☒ White Married ☒ Widowed ☒ Divorced ☒ Former
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *4*
 Husband of _____
 Wife _____
 Father's Name _____ Mother's Name _____
 Maiden Name *166.*

Cause of Death { Primary *Blow on the head* How long sick *4 days*
 Immediate *Cerebral concussion* Accident, Suicide, Homicide
 Reported by *H. A. Ravenscroft*
 Address *Accident* *md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

John Fingel X
 Town *Fingel Dist 127* County *Garrett* MARYLAND
 Died at *Fingel Dist 127 Garrett*
 Date 19*02* *July 2* Month *July* Day *2* Y. *41* M. *13* D. *13* Native of *Maryland* Occupation *Miner*
 Male *White* Married *Widow* Divorced *Single*
 Female *Colored* Single *Widower* Number of children living *6*

Husband of *Rachel Fingel*
 Wife—
 Father's Name *John Fingel* Mother's Name *Barbara Anna Wittig*
 Maiden Name *Barbara Anna Wittig*

Cause of Death { Primary *Erysipelas in Left Eye* How long sick *8 days*
 Immediate *Thrombophlebitis* Accident, Suicide, Homicide

Reported by *F. Alan E. Newman M. D.*

Address *Fingel Dist 127 Garrett Dist 127*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 189

Male

~~Female~~

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Joshua M Friend
 Friendville Garrett

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

1902

7 30

Age

83-8-10

md

White

Married

~~Widow~~~~Divorced~~

Widower

Number of children living

6

~~Widow~~

Mother's

Name

of Sarah A. Vansickle

Mother's

Name

Primary

Old Age

Immediate

Dysentery

How long sick

3 days

Accident, Suicide, Homicide

Reported by

A. Mason MD.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66066



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

2

Husband

of

Father's

Name

Mother's

Name

Cause of

Primary

Accident

How long sick

Death

Immediate

Peritonitis

Accident, ~~3 to 4 days~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70908



Name in Full

Certificate of Death

Name in Full *Isaac Grey* X
 Died at *Friendville* Town *Garrett* County MARYLAND

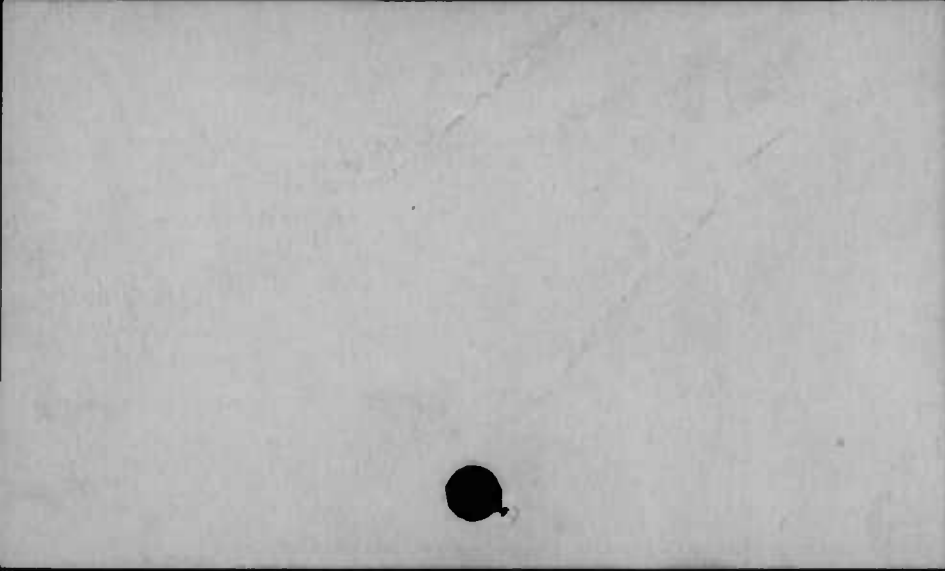
Date *1902* 7 - 4 Y. M. D. Age *35* Native of *W. Va* Occupation *woodsmen*
 Male *White* ~~Marrried~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of *George Grey*
 Wife *George Grey*
 Father's Name *George Grey* Mother's Name

Cause of Death { Primary *Accident* How long sick *18 hours*
 Immediate *11* Accident, ~~Swing~~ ~~Vehicle~~

Reported by *A. J. Mason M.D.*
 Address *Friendville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hyge. Kamisnick

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

21

-

-

Stay

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Mother's

Maiden Name

Ksenia Kamisnick

Cause of

Primary

How long sick

Death

Immediate

Crushed by car

Accident, Suicide, Homicide

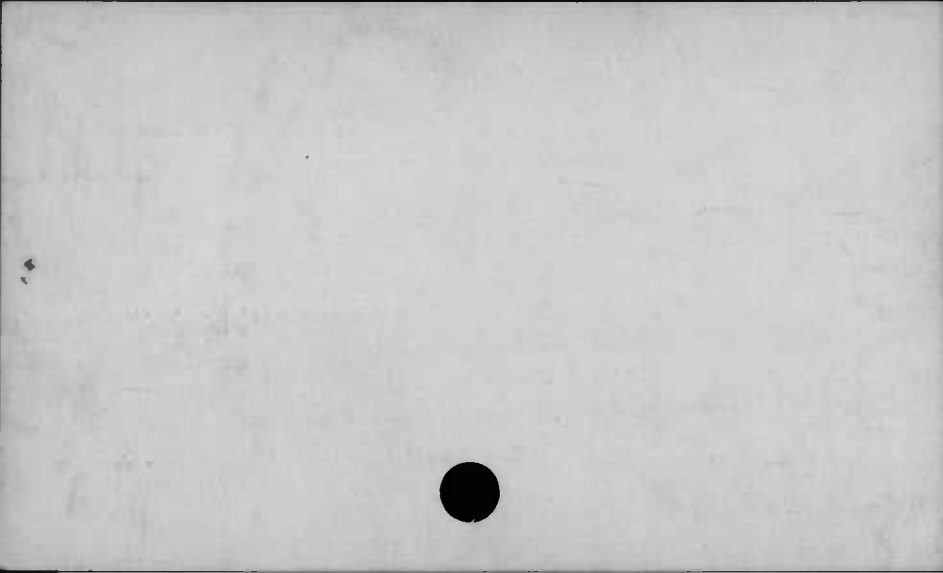
Reported by

162 Bureau

Address

Grandview

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Jacob D Schroyer
 Town *near Accident* County *Garrett* MARYLAND

Died at *near Accident* Month *7* Day *29* Y. *70* M. *4* D. *-* Native of *Md* Occupation *Laborer*
 Date 189*2* Male ☒ White ☐ Colored ☐ Married ☐ ~~Widow~~ ☐ Divorced ☐ Number of children living *5 days*

Husband of *Harriet A. Beddinger*
 Father's Name _____ Mother's Name _____

Cause of Death { Primary *Accident* How long sick *5 days*
 Immediate *Fracture of Skull* Accident, Suicide, Homicide

Reported by *A. H. Mason*
 Address *Friendsville* *Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Grace Edna Switzer

Town

County

MARYLAND

Died at Seacrest

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 17

Age

1-11

no

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Jenny Switzer

Mother's

Maiden Name

Martha Switzer

Cause of

Primary

Ileus Colitis

How long sick

2 weeks

Death

Immediate

105

Accident, Suicide, Homicide

Reported by

M. C. Hurlbert

Address

Oreland

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Varney

County

Town

MARYLAND

Died at mtn Lake Park

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 July 15 Age 1

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

ileo colitis

How long sick

4 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

M. C. Humberg

Address

Our road

m

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Samuel Melf

Town

County

Died at

Oakland

Bennett

MARYLAND

Date 1902

Month July Day 2

Y. M. D.

Age 77 - -

Native of

Md

Occupation

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Mrs Melf

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

Death

Immediate

How long sick

Several years

Accident, Suicide, Homicide

Reported by

W B Ranscraft

Address

Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70868

